

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. XI.

LOUISVILLE, FEBRUARY 12, 1881.

No. 7.

R. O. COWLING, A. M., M. D., Editor.

H. A. COTTELL, M. D., . . . Managing Editor.

THE Medical Times, of Philadelphia, calls attention to the unimportant part played by the medical graduate of America in the future history of his school, and is of opinion that it would be better for all parties if the alumni of the several medical institutions had representation in the governing bodies. We are ourselves vastly of that opinion. As constituted at present, the trustees of medical colleges generally are non-medical men, without tremendous interest in the trust they have in charge, and, for all we can see, without any particular reason for being interested therein. It is something of an honor, perhaps, to have appointing power to the chairs and to govern a lot of ambitious doctors; but in times of peace there is little or nothing to do to remind them of their honors, and if war breaks out in the faculties, there is decidedly too much for the pecuniary emoluments in sight. A direct representation of the alumni in the governing board would be naturally more interested in the success of the school, and his presence there would specially serve to weld the graduates of the institution in a furtherance of its welfare.

To save our lives we can not see what there is in the present organization of the medical schools which would excite any extra fervent loyalty on the part of their graduates. It is pleasant enough to hear the sentiment about Alma Mater on commencement days; but if you come to analyze the matter, she seems a very selfish sort of an individual. Too timid to exact discipline

Vol. XI.—No. 7

which would be of service to her children; making a stir now and then about the decencies of life, but satisfied in the main with the money her offspring bring her, and not wishing to be bothered with troublesome reforms.

We have no idea that a doctor in the governing board would personally be any better than the non-medical trustee. The fact is, in the experience of Louisville, he often did much worse; but the direct representative of the alumni, as its representative, might do something to consolidate and interest a very important body at present most unfittingly recognized.

CAPULET. She hath not seen the change of fourteen years. . . .

PARIS. Younger than she are happy mothers made.

We call attention to certain reports, by Drs. J. P. Thomas and O. M. Humston, published in this issue, of cases which show how Kentucky beats even Verona in the matter of youthful maternity.

THE subject of Prof. Gross's oration before the Academy of Medicine was "John Hunter." It has been published in the Boston Med. and Surg. Journal, and is an exceedingly interesting document. Professor Gross has always had the happiest powers as an historian.

THE article in this week's NEWS on the money question is from one of the most eminent journalists in the South. As a very sensible view, as others see us, it should command attention.

Original.

CASES IN PRACTICE.

A YOUTHFUL MOTHER—POLYURIA—DIPHTHERIA—CHLO. POTAS. AND TR. CHLO. FER. IN HEMORRHAGES.

BY J. P. THOMAS, M. D.

Though aware of the many cases of precocious maternity reported from time to time in medical literature, yet, as I can not now recall to mind a single case quite so juvenile as the following, at least in this country, I report it as evidence of progress in obeying the command, "Multiply and replenish the earth."

On May 10, 1880, I was called to examine Alice Bradshaw (colored) on account of supposed ascites, yet her parents were in doubt as to the cause of her "swelling," but never suspected pregnancy. "She's got the dropsy, we think." I found a mere child, whose avoirdupois, notwithstanding her increased size, did not reach seventy-five pounds; in height about four feet, scant; age, according to the produced and examined family record, was at that time eleven years and eight months. It required but a few minutes of abdominal auscultation and palpation, without other examination, to diagnose pregnancy in the sixth or seventh month.

On July 8th I was sent for to attend her in labor. Accompanied with a complete armamentarium of obstetrical, together with all the necessary instruments required in abdominal surgery, I repaired to the house of my patient. As the above inventory of "aids to nature" plainly indicate, my brain was full of all the horrible operations ever resorted to in dystocia; such as (1) forceps-delivery, (2) laparo-elytotomy, (3) cesarean section, (4) craniotomy, (5) cephalotripsy, (6) evisceration, etc. The impression was, judging only from the child's appearance, that a full-termed fetus could never be delivered *via natura*; and the first vaginal examination only strengthened this impression; (1) the vagina was so small and rigid as to admit two fingers with difficulty, and (2) the pelvic diameters appeared too contracted to permit the passage of a fetus further advanced than the fourth month. But, as I have said upon several occasions when condemning the so frequent and unnecessary resort to the forceps, "Nature is the safest accoucheur," and that only occasionally will she prove incapable of accomplishing delivery in any case of normal presen-

tation, at least without other aid than the well-oiled hand of her assistant, the physician.

At any rate Alice Bradshaw—after, it is true, a rather prolonged labor of fourteen hours—was delivered by nature, with no other aid than Drs. Goodell or Turnipseed's method of supporting the perineum, which may have assisted in the last stage of labor—which in this case was the most difficult—by raising the os frontis somewhat, thereby enabling it to glide more readily over the fourchette, and thus not only hasten this stage, but prevent perineal rupture.

The child weighed seven pounds, male, active and vigorous.

At the birth of the child—July 9, 1880—the mother's age was exactly eleven years and ten months, less one day.

I have attended the accouchement of three other rather young mothers, two white and one colored; one of the former aged twelve years six months, the other thirteen years and two months; the latter, thirteen years and four months. According to the record, this is the youngest of which I have personal knowledge. There is no reason to doubt the correctness of the record, as it had been kept by the former master of this family; but really she did not appear so old. From the first both mother and child have prospered, and the latter bids fair to be as large as the average child.

I was glad to see, in the News of January 22d, Dr. Ely McClellan's letter on the use of ergot in polyuria, as I can add my testimony to its powers in this disease to the extent of one case. The case was a lady, aged twenty, of good health previous to an attack of malarial poisoning, which proved very stubborn to treatment, and after several months of intermittent fever, with occasional arrest for a week or two, she became the subject of diabetes insipidus. The enormous use of quinine, with the usual dietetic regulations, failed to arrest the chills or to lessen the thirst or the secretion of urine. Being exceedingly anemic, she was placed on the following, for the reason that iodine in my hands has cured several cases of intermittents when other remedies have failed:

Tinct. iodine.....	℥j;
Syr. iod. iron.....	℥ij;
Elixir of gentian.....	℥vj.

M. Signa. One teaspoonful ter. in die.

This cured the chills and improved the general health somewhat, but produced no beneficial effect upon the polyuria. When

she was given one full teaspoonful of ergot before each meal, and iodine continued after meals, there was some improvement, in about twenty-four hours, in the quantity of urine passed, and within a month the thirst and amount of urine secreted were normal. The specific gravity of secretion was not noted.

I am almost certain ergot will cure many cases of diabetes insipidus, and that it deserves a trial in any case. Should another opportunity occur, I shall give it the first place in treatment.

I have for some time employed the fluid extract of ergot in all cases of serous diarrhea, especially in children, with better results than with all other therapeutics combined. The following is the usual formula for children:

R Flu. ext. ergot..... 3 ij;
Aqueæ menth. pip..... 3 vj.

M. Sig. A teaspoonful every two or three hours, or as required.

With the proper dietetic regulations and surroundings, why would not ergot prove a useful remedy in diabetes mellitus? I am inclined to think, from my experience as to its powers in arresting serous effusions in general, and its good and prompt effects in this case of simple diabetes, that it should be tested in this so far incurable disease.

I can also indorse Dr. Cleaver's statement as to the local effects of turpentine in diphtheria, with a few exceptions in which it failed to remove the patches. Turpentine combined with tinct. guaiacum is one of the best alterative gargles in simple tonsillitis and other forms of sore throat. After failure with turpentine alone, and chlorate of potassium and sulphur separately, I combined the latter two.

R Sulphur resub..... } aa 3 j.
Potas. chlorat..... }
Mix in form of fine powder.

Strange to say, the combination, after several applications, removed every vestige of false membrane. I have since used this powder in three cases of diphtheria complicating scarlet fever, two mild, and one malignant, with success in removing the patches. In two cases of so-called nurse's sore mouth (stomatitis materni), after cauterizations with argent nit. and the usual course of tonics and alteratives—potas. iod. etc., and "builders," cod-liver oil, maltine, etc., without improvement—they were promptly cured by the free application of this powder. When the child will not take it, without trouble, into the mouth, it can be blown into the fauces

through a quill. The ladies were directed to take a "pinch" several times per day, and after a complete distribution of it over the mouth, to swallow it. In this way it probably acts as an alterative and antiseptic in the blood, and the sulphur proves a gentle laxative.

Since reading your abstract of Dr. Haskins's paper from the British Med. Journal on Chlorate of Potassa in the Hemorrhagic Diathesis, I have tested his formula of potas. chlorate, one ounce, tinct. ferri chlor., one dram, water, twenty ounces, in a few cases with perfect success. Having long used the same prescription somewhat stronger of iron in incipient phthisis, accompanied with anemia, and in scarlatina and diphtheria for its toning effect upon the capillaries, and its power of increasing the fibrin, and its generally supposed alterative and tonic effect upon the tissues, I was convinced in advance of its hemostatic properties in certain cases.

Mrs. G., aged fifty-three, had been regular in her menstrual functions, notwithstanding her age, up to the last three months, when they failed to appear for that time. On the 1st of January, 1881, she was attacked suddenly with profuse uterine hemorrhage. I found her extremely weak from loss of blood that did not coagulate. My usual treatment for menorrhagia or metrorrhagia—namely, an "egg of alum applied to the os with fluid ext. ergot in dram doses every three hours—produced only temporary arrest. Though suspecting malignant trouble, yet I concluded to give the potash and iron a trial before local examination. To my surprise the hemorrhage ceased, and the patient said she felt as if she was stimulated, feeling much stronger. The prescription was continued in tablespoonful doses three times per day, with perfect recovery.

Mr. G., aged thirty-eight, the victim of hemorrhoids for twenty years, a great sufferer (so-called bloody piles), had of course resorted to the legion of cures. The hemorrhage was at times very profuse, which until the last two years usually gave great relief from the extreme suffering, but since had failed to even mitigate the pulsating pain. He refused to have them taken off by the knife, but finally consented to the injection of carbolic acid and glycerin. There were four large tumors, which could be returned only with difficulty, and then only to protrude again as soon as pressure was removed. Three of these tumors were rapidly destroyed by one injection of twenty drops, equal parts of carbolic acid and glycerin,

but the fourth and most external one—more cartilaginous than the others—did not seem to be damaged in its structure after three injections performed in six days. It was then transfixed by needle armed with double ligature and ligated in halves, and after the expiration of ten minutes removed by knife without hemorrhage. The removal of the tumor, however, revealed the external opening of a fistula that, on the introduction of a probe, was found to enter the bowel about three inches above the sphincter. After two weeks of treatment addressed to "building," the fistula was operated on by the knife in the usual way.

It is well to confess that the existence of this fistula had never been suspected before the removal of the tumor. But the point in the communication is the fact that Mr. G. had all along about every six days been attacked with considerable hemorrhage from the bowels, attributed before their removal to the hemorrhoids as its source. But as it was as frequent and profuse after their removal, and a careful examination demonstrated that it did not proceed from any vessel implicated by the surgical interference, ergot in dram doses was given every four hours, alternated with turpentine and acetate of lead, with enemata of ferric alum. The hemorrhage continuing to recur in spite of this treatment, he was ordered the chlorate of potassa and iron solution, with non-occurrence of the hemorrhagic attacks, and complete restoration to health.

I should have stated that on cutting the tumor open, after its removal, I found the whole internal structure black and spongy from coagulation, and think it would have been destroyed by the injections in a short time.

PEMBROKE, KY.

Correspondence.

A NOVEL CASE OF PLACENTA PREVIA.

Editors Louisville Medical News:

I have to report a rare variety of placenta previa. There was no hemorrhage during utero-gestation until labor began. The attachment was marginal (anterior). After the usual trials and tribulations I delivered a large male child, still-born. During my efforts to resuscitate it, which were futile, the mother began to flood. In caring for her it became necessary for me to introduce my hand and remove the placenta, which I

did slowly and with great care by means of traction (*not upon the cord*) and expression. The placenta came away entire. On its extreme margin, and exactly at the point where the margin lapped over the anterior cervical lip, was attached the cord. The first effort at cervical dilatation had produced a small split in the placenta at that point, and had almost completely torn the cord away from its placental insertion. In the mouth of the severed vessels of the cord was a considerable blood-clot. Notwithstanding the extent of ante-partum hemorrhage, the flush and pulse of the mother had not been affected. The child had ceased to move soon after the first gush, ten or twelve hours before delivery, and when born its scarf skin was denuded by the slightest touch. It was the whitest child I have ever seen. The ante-partum blood-flow was evidently entirely fetal. The child with its blood would have weighed eleven pounds. It is quite rare to find the cord inserted on the extreme margin of the placenta, but for this to be complicated with partial placenta previa, the point of cervical attachment corresponding exactly with the attachment of the funis, is, as far as my knowledge goes, an absolutely novel state of affairs. I now believe that the body which occupied the os before the head engaged, might have been a knuckle of the funis. It retreated wholly when the head engaged. I omit report of the general management of the case. It was simply in accordance with the approved methods of modern obstetrics.

E. R. PALMER.

LOUISVILLE.

A GENUINE SHOTGUN PRESCRIPTION.

Editors Louisville Medical News:

There has lately come under the observation of the writer an unique and original shotgun prescription, which he gives to the profession with a spirit of genuine unselfishness.

In the town of N., at the usual time prescribed by law, the township trustee called for bids preparatory to letting out the pauper practice. The regular physicians of the place, having previously had some unsatisfactory experiences in the matter, determined to abstain from bidding, and force the trustee to pay for any service rendered at the regular rates. This functionary, not to be outwitted, rented a Kentucky itinerant, who had drifted into the neighborhood, and gave the paupers over into his hands. Among other patients of this itinerant was a negress

with an incurable bowel trouble, who furnished opportunity for a trial of his skill. When called the medicine man directed that half a pound of bird-shot be immersed in a pint of cold water, and that from time to time a half ounce of the supernatant fluid be decanted and given well diluted. The patient, in spite of such skillful treatment, tarried not, but went straight on to a demise, where we shall leave her—*Requiescat in pace.*

INDIANA.

MORE MONEY AND THE DOCTORS.

Editors Louisville Medical News:

Concerning doctors making more money, I venture the assertion, in the commercial view of the matter, that dealers in all sorts of domestic and personal articles have as great a proportion of uncollectible bills as the doctors have. The merchant will tell you he does not bring suit against delinquents who might be able to pay, because as a rule such proceeding hurts the trade of his house. That is the true commercial view. The doctor will say he does not sue because, according to the ethics of the profession and the pleasing delusion of antiquity, doctors charge no fee, but only receive a reward for freely-given services. Of course that is a sham, or there would be no fee-books and doctors' bills, and no suggestion in your columns that the laborer is worthy of his hire. As a matter of fact, doctors do not generally sue upon their delinquent bills because the trade in physic, like the trade in dry-goods, is sensitive to the jar of litigation, and must accommodate itself to the social environment.

To cut off the number of doctors, and thereby establish a monopoly of what political economists would call the "wage fund," would be a good thing for those upon the ground-floor. It reduces the question of wealth to a simple question of division. But there is a fancy among those who hire doctors that the crowd of youngsters at the bottom, struggling for survival, and trying to edge along toward the top, keep the old top sawyers up to their work. The commercial basis to which some of your correspondents aspire frequently resorts to the inviting formula of a large and varied assortment from which selection may be made. It is not a bad thing to have a large and varied assortment of medicine men. Out of the great mass of young doctors only the fittest survive, and the wider the range and the more numerous the contestants the more

likely will it be that the survivors are the very fittest.

Some of you estimate the profits of the profession by bunching all the doctors, throwing all the money into pot, and dividing it out per capita. Now if we take all the railroad men in the country, including Jay Gould and all the kings and princes, and make an average per capita of annual receipts, we could not find any one with the income of a conductor.

I hear of doctors who make twenty, forty, and sixty thousand dollars a year. The first-named sum is the highest range of salary for personal services in this country. I have been told that physicians in Louisville have made fifteen, twenty, and twenty-two thousand dollars a year. The highest compensation for personal services in any other business here does not go beyond ten thousand dollars. From four thousand to seven thousand five hundred dollars commands the best banking ability in the city.

The compensation of personal service can not be compared with the profits of a merchant. Mr. Stewart gave great attention to the details of his business, but he did not have to handle and inspect every spool of thread or piece of silk that figured in his business. The physician must see and examine and note every patient under his treatment. If he received a thousand dollars for each visit, his ability to earn money would speedily reach its limit, while Mr. Stewart might have bought and sold and realized profits on a practically illimitable quantity of drygoods.

I know many physicians who have comfortable and even luxurious homes, and some who have investments here and there, and all, I believe, who have diplomas have buggies. I know some worthy men who do not seem to make much out of medicine; but I know some other worthy men who do not seem to make much out of law or merchandise or any thing. I know some young doctors who do not seem to have any thing to do, and who make nothing; but every day I see more young men just as well equipped for their pursuit, just as intelligent and ambitious of getting along, seeking work, and willing to work for any thing they can get.

Your young men are taught that it is unprofessional to charge less for their services than an old, established physician charges for his services. In every branch of business, excepting physic and law, quality is a factor in price. Excepting these, in all the broad range of compensation for personal

service, experience and learning and skill go for something. Your arrangement does no harm to those who have the experience and skill, for they fix the prices; but it teaches the young doctor to sham experience and skill; and if his pretense does not take, it deadens his energy, crushes his ambition, and leaves him floating about in the sea of medicine, waiting for chance waifs of practice, and taken into account only when the per-capita average of earnings is to be reduced by throwing in all the zeros.

It seems to me doctors book all they earn. If they do not collect all they book their experience is not exceptional. They make as much money as other people who sell their personal services, and I see no reason for their making more money.

A great lawyer once told a young aspirant, who complained that the profession was crowded, that there was plenty of room at the top. The most money is there, too, in all kinds of business. It seems to me that some of your correspondents are trying to devise a scheme for putting all the doctors at the top—an obvious impossibility, for it would knock the bottom out of the profession.

J. M. W.

OPHTHALMOLOGY.

Editors Louisville Medical News:

Please inform me of the most efficient method for reducing mydriasis produced by local application of the mydriatic. How long would it be before the dilatation would subside spontaneously? Answer in the NEWS, and oblige,

J. J. C., M. D.

HIGH GROVE, KY.

[The mydriasis usually disappears in from seven to ten days without artificial interference. When there is any unusual delay in the return of the pupil to its normal size, the following solution may be dropped into the eye night and morning for several days:

R Eserine sulph..... gr. ss;
Aq. dest..... 3 ss.
M. ft. sol.

A mild galvanic current will also be found useful.—w. c.]

Editors Louisville Medical News:

Note of the following case may not prove uninteresting to at least a few of the many readers of your valuable journal. On January 23d (last month) I was called by Mr. S. to see a mulatto girl, who was in labor. I

arrived at Mr. S.'s at three o'clock in the morning. At half past seven, which was four hours and a half, she gave birth to a child, which weighed six and a fourth pounds. I ascertained after the birth of the child that the mother would not be twelve years old until the 18th of this month. A mother at the age of eleven years eleven months and five days! Both mother and child are doing well. Should a similar case fall to the care of any physician who reads this I would be glad to have him report it.

CAMPBELLSBURG, KY. O. M. HUMSTON.

Formulary.

TREATMENT OF GOITER.

Professor Pepper, of Philadelphia, urges the use of injections of ergotin as extremely useful in the treatment of thyroid hypertrophy. He advises a solution of ninety-six grains of ergotin in an ounce of water, of which from seven to eleven minims may be injected every two or three days. This, he says, will harden the tumor and reduce its size.

Iodo-tannin and iodoform are also highly recommended, as is also the double iodide of mercury as a topical application.

In a case of goiter, where death was threatened by dyspnea, and in the treatment of which iodine, antispasmodics, and abstraction of blood had failed of producing any useful result, Dr. Shannon claims a cure from the use of fumigations. For these he employed the following formula:

Powder of stramonium..... gr. 55;
Nitrate of potassium..... gr. 27;
Opium..... gr. 34.

In goiter peculiar to women the writer has observed better results succeeding the administration of muriate of ammonia than from iodine or any other single therapeutic agent.

FOR HYPODERMIC ADMINISTRATION OF BROMIDE OF QUININE

Dr. James J. Whittaker (Med. and Surg. Reporter) finds a solution of bromide of quinine (twenty grains to two drams water) useful in treating by this method cases of pronounced or marked malaria, when the condition of the digestive system is such as to prevent the absorption of quinine taken by the mouth. He directs his chemist to put twenty grains of the drug into a test-tube, and to add to it two drams of water; the tube is then to be corked and is ready for use. When it is desired to make the injection, the mixture must be heated, either by spirit lamp or otherwise, a clear limpid fluid resulting. A portion must be then poured into a heated teaspoon, and thence taken up by means of a previously-heated syringe. The puncture and injection must then be made immediately, and the fluid must be thrown not into, but below the skin. The ordinary syringe holds half a dram. As many as from one to fifteen grains may be introduced.

Obituary.

DR. J. M. BRUCE.

A meeting of the physicians was held at the office of Drs. Skillman and Scott to pay tribute of respect to Dr. J. M. Bruce, deceased. Dr. H. M. Skillman was elected chairman of the meeting, and Dr. G. D. Buckner secretary.

The chairman and several other physicians spoke in a touching and fitting manner of the character and professional attainments of Dr. J. M. Bruce, deceased.

Drs. L. B. Todd, David Bell, J. W. Whitney, J. L. Stockdell, and John Dillard were appointed a committee to prepare suitable resolutions, which were presented and unanimously adopted.

The death of Dr. James Morrison Bruce, which occurred at his residence in this city on Monday afternoon, January 31, 1881, at 4.30 o'clock, renders it proper and just that we, physicians of this city and county, in public meeting assembled, should testify our sorrow at his death and appreciation of his professional worth and service.

Dr. Bruce has long been identified with Lexington. Here he was born in 1822; from Transylvania University, located here, and for whose generous benefactor he was named, he received the degree of Doctor of Medicine in 1845, after which he spent nearly two years in Europe profitably visiting hospitals and listening to lectures of the eminent men of that day. Returning home he began practice, which he continued through thirty-five years until stopped by death suddenly and almost without warning on Monday last. He was elected to and discharged for years the duties of the delicate and responsible position of demonstrator of anatomy in his Alma Mater with credit and satisfaction. He was in early life elected city physician, to which office he was repeatedly chosen, and more frequently than any other physician; and it is believed that it was in the faithful discharge of the duties of that office during the recent almost unprecedented severe winter that he contracted the cold and disease which resulted in congestion of the lungs and brain, closing suddenly his professional and earthly career.

Dr. Bruce will be long and justly remembered for his courage, skill, and successful treatment of small-pox in several epidemics, of which he was certainly *at the front*, unmindful of his own personal comfort and safety, discharging faithfully the sacred duties of his noble calling to hundreds who were suffering with that terrible and frightful disease. And it is true, and certainly it is no disparagement to others now to say, that in his long official service and private practice he labored and did more for the poor than any other practitioner in our midst has done.

And while we bow in humble submission to this sad decree, from which there is no appeal, of an all-wise Providence removing from our midst our friend whom we have known so long and well, we will cherish the recollection of his valuable professional services and his qualifications for usefulness, to which he added a genial disposition and the rare virtue

of making only kindly mention of his professional brethren; and hereby tender to his deeply afflicted family our sincere sympathy, and resolve that when this meeting adjourns it will do so to convene at this place to-morrow (Wednesday afternoon) at half past two o'clock to attend his funeral in a body. Furthermore that the secretary be requested to convey a copy of these proceedings to Dr. Bruce's family, and furnish copies thereof for publication in the medical journals of the State and the newspapers of this city.

L. BEECHER TODD, *Ch'n*,
D. BELL,
J. W. WHITNEY,
J. L. STOCKDELL,
JOHN DILLARD,
Committee.

LEXINGTON, KY.

Miscellany.

THE CLERGY AND THE DOCTORS.—Oliver Wendell Holmes, in *North American Review* for February:

Perhaps no laymen have given the clergy more trouble than the doctors. The old reproach against physicians, that where there were three of them together there were two atheists, had a real significance, but not that which was intended by the sharp-tongued ecclesiastic who first uttered it. Undoubtedly there is a strong tendency in the pursuits of the medical profession to produce disbelief in that figment of tradition and diseased human imagination which has been installed in the seat of divinity by the priesthood of cruel and ignorant ages. It is impossible, or at least very difficult, for a physician who has seen the perpetual efforts of Nature—whose diary is the book he reads oftenest—to heal wounds, to expel poisons, to do the best that can be done under the given conditions—it is very difficult for him to believe in a world where wounds can not heal, where opiates can not give a respite from pain, where sleep never comes with its sweet oblivion of suffering, where the art of torture is the only science cultivated, and the capacity for being tormented is the only faculty which remains to the children of that same Father who cares for the falling sparrow. The Deity has frequently been pictured as Moloch, and the physician has no doubt often repudiated him as a monstrosity.

Upon the other hand, the physician has often been renowned for piety as well as for his peculiarly professional virtue of charity—led upward by what he sees to the source of all the daily marvels wrought before his own eyes. So it was that Galen

gave utterance to that psalm of praise which the sweet singer of Israel need not have been ashamed of; and if this "heathen" could be lifted into such a strain of devotion, we need not be surprised to find so many devout Christian worshippers among the crowd of medical "atheists."

No two professions should come into such intimate and cordial relations as those to which belong the healers of the body and the healers of the mind. There can be no more fatal mistake than that which brings them into hostile attitudes with reference to each other, both having in view the welfare of their fellow-creatures. But there is a territory always liable to be differed about between them. There are patients who never tell their physician the grief that lies at the bottom of their ailments. He goes through his accustomed routine with them, and thinks he has all the elements needed for his diagnosis. But he has seen no deeper into the breast than the tongue, and got no nearer the heart than the wrist. A wise and experienced clergyman coming to the patient's bedside—not with the professional look on his face which suggests the undertaker and the sexton, but with a serene countenance and a sympathetic voice, with tact, with patience, waiting for the right moment—will surprise the shy spirit into a confession of the doubt, the sorrow, the shame, the remorse, the terror which underlies all the bodily symptoms, and the unburdening of which into a loving a pitying soul is a more potent anodyne than all the drowsy syrups of the East. And, on the other hand, there are many nervous and over-sensitive natures which have been wrought up by self-torturing spiritual exercises until their best confessor would be a sagacious and wholesome-minded physician.

Suppose a person to have become so excited by religious stimulants that he is subject to what are known to the records of insanity as hallucinations; that he hears voices whispering blasphemy in his ears, and sees devils coming to meet him, and thinks he is going to be torn to pieces or trodden into the mire. Suppose that his mental conflicts, after plunging him into the depths of despondency, at last reduce him to a state of *despair*; so that he now contemplates taking his own life, and debates with himself whether it shall be by knife, halter, or poison, and after much questioning is apparently making up his mind to commit suicide. Is not this a manifest case of insanity in the form known as *melancholia*? Would not any

prudent physician keep such a person under the eye of constant watchers, as in a dangerous state of at least partial mental alienation? Yet this is an exact transcript of the mental condition of "Christian" in "Pilgrim's Progress," and its counterpart has been found in thousands of wretched lives terminated by the act of self-destruction, which was so nearly taking place in the hero of the allegory. Now the wonderful book from which this example is taken is, next to the Bible and the Treatise of Thomas à Kempis, the best-known religious work of Christendom. If Bunyan and his contemporary, Sydenham, had met in consultation over the case of "Christian" at the time when he was meditating self-murder, it is very possible that there might have been a difference of judgment. The physician would have one advantage in such a consultation. He would pretty certainly have received a Christian education, while the clergyman would probably know next to nothing of the laws or manifestations of mental or bodily disease. It does not seem as if any theological student was really prepared for his practical duties until he had learned something of the effects of bodily derangements, and, above all, had become familiar with the gamut of mental discord in the wards of an insane asylum.

It is a very thoughtless thing to say that the physician stands to the divine in the same light as the divine stands to the physician, so far as each may attempt to handle subjects belonging especially to the other's profession. Many physicians know a great deal more about religious matters than they do about medicine. They have read the Bible ten times as much as they ever read any medical author. They have heard scores of sermons for one medical lecture to which they have listened. They often hear much better preaching than the average minister, for he hears himself chiefly, and they hear abler men and a variety of them. They have now and then been distinguished in theology as well as in their own profession. The name of Servetus might call up unpleasant recollections, but that of another medical practitioner may be safely mentioned. "It was not till the middle of the last century that the question as to the authorship of the Pentateuch was handled with any thing like a discerning criticism. The first attempt was made by a layman, whose studies we might have supposed would scarcely have led him to such an investigation." This layman was "Astruc, doctor and professor of medicine

in the Royal College of Paris, and court physician to Louis XIV." The quotation is from the article "Pentateuch" in Smith's "Dictionary of the Bible," which of course lies upon the table of the least instructed clergyman. The sacred profession has, it is true, returned the favor by giving the practitioner of medicine Bishop Berkeley's "Treatise on Tar-water," and the invaluable prescription of that "aged clergyman whose sands of life"—but let us be fair, if not generous, and remember that Cotton Mather shares with Zabdiel Boylston the credit of introducing the practice of inoculation into America. The professions should be cordial allies, but the church-going, Bible-reading physician ought to know a great deal more of the subjects included under the general name of theology than the clergyman can be expected to know of medicine. To say, as was said not long since, that a young divinity student is as competent to deal with the latter as an old physician is to meddle with the former, suggests the idea that wisdom is not an heirloom in the family of the one who says it. What a set of idiots our clerical teachers must have been and be, if, after quarter or half a century of their instruction, a person of fair intelligence is utterly incompetent to form any opinion about the subjects which they have been teaching, or trying to teach, so long!

RIGOR MORTIS.—M. Richet, in a lecture delivered as one of a course auxiliary to that of the Faculty of Medicine of Paris (London Lancet), has just given a very full and complete *résumé* of the present state of our knowledge of Rigor Mortis, which has engaged the attention of observers from the time of Louis, who in 1752, wrote an essay upon it, in which he pointed out that it was one of the principal signs of death. Nysten, in the early part of the present century, demonstrated that cadaveric rigidity is due to the condition of the muscles, since, if the ligaments of the joints, the fasciæ, and the aponeuroses, are all divided, rigor mortis persists, while it is removed or prevented by division of the muscles or by the separation of them from their attachments. Brown-Séquard and Kühne next examined the phenomena in question minutely, the former showing that it could be removed by the injection of blood into the vessels, and the latter demonstrating that it was essentially a chemical action. It may be stated generally that rigor mortis is never absent; the few cases in which reliable authorities have be-

lieved that it has not occurred, having probably been instances where it has occurred extraordinarily early or late. It occurs in all animals, both vertebrated and invertebrated. In fishes it takes place almost instantly after death, while in frogs, if due precautions be taken, it does not occur until after the lapse of eight or ten days. It has no relation, therefore, to the temperature of the blood of the animal. The first muscles to undergo rigor mortis appear to be those raising the lower jaw, as the masseter, temporal, and pterygoid, which are very irritable muscles. M. Niderkorn finds that in one hundred and thirteen subjects rigor mortis was complete at the fourth hour in thirty-one, at the sixth hour in twenty, at the fifth in fourteen, at the third in fourteen, at the seventh in eleven, at the eighth in seven, at the tenth in seven, at the ninth in four, at the thirteenth in two, at the second in two, and at the eleventh in one. It commences about two hours after death, and in the human subject is usually complete about the fourth hour. It may supervene while the animal is still warm, as is seen in those which have been hunted to death. On the other hand, its appearance is retarded by cold, while its duration is almost indefinitely retarded by it. A muscle which has become rigid after death becomes still more rigid if exposed to a temperature of 120° F. This increase, according to Kühne, is due to the coagulation of the serine and caseine contained in the muscular juice. Mere congelation of a muscle does not cause it to lose its irritability, but it very rapidly becomes rigid when thawed.

The remarkable positions sometimes assumed by men killed on the field of battle have been described by many observers, and demonstrate that rigidity may supervene at the moment of death. Brown-Séquard has indeed recorded a case of adynamic typhoid fever, in which the jaws and limbs became fixed, while the heart still continued to beat; and quite lately the same thing has been recorded by M. Bochefontaine in dogs poisoned with salicylate of soda, and M. Richet has observed it in animals poisoned with medium doses of strychnia. In these cases all the muscles were rigid and unexcitable, with the exception of the heart; and artificial respiration could only be maintained with difficulty owing to the rigidity of the chest. Division of the nerves supplying a muscle appears to have little or no effect in accelerating the occurrence of rigor mortis, and, according to Hermann, neither expo-

sure to oxygen nor to the vacuum of an air-pump exerts any influence.

In becoming rigid, muscles slightly diminish in volume; they shorten less, at least with moderately heavy weights, than muscles in contraction; they entirely lose their irritability, and their elasticity is greatly impaired. Heat is eliminated while rigor is being established.

In regard to the cause of rigor mortis, which is an extremely interesting point, M. Richet is of opinion that, as Kühne originally maintained, it is a chemical process; but this process is a phenomenon not of life but of death. The myosine of the muscle coagulates. The acids, which are constantly being formed and as continuously removed during life, accumulate after death in the muscle, and gradually effect the solution of the myosine, and then the azotized matters undergo decomposition and develop ammonia, which, in its turn, dissolves the myosine, and thus occasions the disappearance of the rigor. Speaking generally, rigor mortis is a chemical phenomenon, characterized by the coagulation of the myosine, and may be considered as the commencement of the death of the elements of the muscle.

CREMATION IN JAPAN.—Miss Bird, in her dauntless and observant wanderings over Unbeaten Tracks in Japan, visited a cremation-ground at Kirigaya; and has given an interesting account of what she saw there in the delightful volumes which contain the record of her experiences. It appears that among Buddhists, especially of the Monto sect, cremation was largely practiced till it was forbidden five years ago, as some suppose, in deference to European prejudices (*Brit. Medical Journal*). Three years ago, however, the prohibition was withdrawn; and since then the number of bodies which have been burned has reached about nine thousand annually. The building or erection in which the process is carried out is made of "wattle and dab," with a high roof and chimneys resembling those of "oast-houses" in Kent, and suggests a farm rather than a funeral pyre. The end of this building, nearest the road, is a little temple, much crowded with images, and small red earthenware urns and tongs, for sale to the relatives of deceased persons; and beyond this are four rooms, with earthen floors and mud walls; nothing is noticeable about them, except the height of the peaked roof and the dark color of the plaster. In the middle of the largest are several pairs of granite supports, at equal

distances from each other; and in the smallest there is a solitary pair. This was literally all that was to be seen. In the large room, several bodies are burned at one time; and the charge is only one *yen*, about 3s. 8d.; solitary cremation costing five *yen*. Faggots are used, and a shilling's worth ordinarily suffices to reduce a human form to ashes. After the funeral service in the house, the body is brought to the cremation-ground and left in charge of the attendant, a melancholy, smoked-looking man, as well he may be. The richer people sometimes pay priests to be present during the burning, but this is unusual. There were five "quick tubs" of pine, hooped with bamboo, and containing the remains of coolies, waiting in the larger room at the time of Miss Bird's visit; and a few oblong chests in the small rooms, containing those of middle-class people. At 8 P.M., each coffin is placed on the stone trestles, the faggots are lighted underneath, the fires are replenished during the night; and, by 6 A.M., all that which was a human being is a small heap of ashes, which is placed in an urn by the relatives, and honorably interred. In some cases, the priests accompany the relatives on this last mournful errand. Thirteen bodies were burned the night before Miss Bird's visit, but there was not the slightest odor in or about the building; and the interpreter told her that, owing to the height of the chimneys, the people of the neighborhood never experienced the least annoyance, even while the incineration was going on. The simplicity of the arrangement, Miss Bird remarks, is very remarkable; and there can be no reasonable doubt that it serves the purpose of the innocuous and complete destruction of the corpse, as well as any complicated apparatus; while its cheapness places it within the reach of the class which is most heavily burdened by ordinary funeral expenses. The cremation-ground is in a country made beautiful by red camellias, feathery bamboo, and cryptomeria; and Miss Bird saw nothing about it that was ghastly or distasteful.

THE Parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction, and Christian burial will be refused to any parishioner who allows himself, or whose kindred allow him, to be treated by any but duly qualified medical practitioners. All who are treated homeopathically will be deprived of the rites of the Roman Catholic Church, and treated as Moors or Jews.—*London Lancet*.

Selections.

The Causation of Dysentery.—Surgeon-general Sir Joseph Fayrer says, in his Lettsomian Lecture (Med. Times and Gazette):

Impure air from any cause, but especially from putrefying organic matters, vapors from drains, cess-pools, bilges of vessels, latrines, and reservoirs of stagnant water, putrescent with animal or vegetable matter, or it may be infected microphyte germs, the emanations from ground that has been recently disturbed, and from which vegetation has been recently removed, from swampy and malarious and mephitic pools, whence fever, cholera, typhoid, and other evils are said to be derived, may become the predisposing if not the exciting causes of dysentery. . . . But of all effluvia none are said to be more noxious than those given off from the dejecta of persons suffering from the disease, especially when crowded in hospitals. Whether this is due to direct infection, intensified by concentration, or to general depressing effects, causing a condition of blood-poisoning, as other putrid organic evacuations are said to act, I know not. There is reason to believe that in such cases the disease is apt to spread, and that epidemics are thus diffused. If it be true that it is infective when arising from sporadic cases, it would appear that dysentery is capable of being originated *de novo*. That such effluvia are capable of contaminating the atmosphere I have myself had proof. In hospitals where sloughing and gangrenous cases of dysentery were treated under the same roof, if not actually in the same ward, wounds and surgical operations assumed an unfavorable action, or septicemia in some form, or dysentery itself supervened.

Fergusson, who had large experience, says, "True dysentery is the off-spring of heat and moisture, of moist cold in any shape after excessive heat, but nothing that a man could put into him would ever give him true dysentery." That an ordinary case of sporadic dysentery is free from danger to those who come in contact with it I believe, but the case may be different where the patients are numerous in a ward, especially if strict precautions as to removal of discharges are not observed. When certain local and climatic conditions exist, and a certain epidemic constitution prevails, the disease may from such a focus become epidemic and highly infective, though *how* I am not prepared to say. It has also been attributed to infection by fecal contamination, just as many regard cholera and typhoid fever to be the direct result of a poison generated in the alvine secretions, or developed in the form of microphyte in the dejecta of human beings, and so conveyed to others, and thus spreading as an epidemic. Indeed one anonymous writer, whose views are as remarkable for their force as for their originality, attributes it solely to this cause, and says, "If human excrement be not exposed to the air there can be no dysentery." The fact is, we do not know how it originates, though we do know that under certain conditions it will appear that it is amenable to sanitary laws, and to a great extent preventable or mitigable. Great stress is laid by some on malaria as a cause, and the malarious dysentery is even regarded by them as a specific form of the disease, whether received from air or water saturated with the malarial poison; but I do not know that there is any other difference than one of degree, or

such as might naturally result in an individual depressed by malarial cachexia.

Mechanical irritation is also a recognized predisposing cause; irregular action of the bowels, constipation, and the accumulation of scybala in the cells of the large intestine, which may have been in a state of catarrhal disturbance; or where any temporary obstruction may have taken place, vitiated bile, or any other acrid alvine secretion may be present. The form of dysentery called "hepatic" by Annesley was connected by him with disordered liver, and bile and intestinal secretion depending thereon setting up inflammation and dysenteric mischief in the colon.

In fact the line between a catarrhal disturbance of the bowel and a case of dysentery is not definitely drawn. I am not aware that individual peculiarities are of any special importance. The disease may attack any one, and at any age. Malariously cachectic and delicate persons, and those who are suffering from other diseases, wounds, or accidents, are liable to suffer. Men, from great exposure and the duties peculiar to the occupation of their sex, are more liable than women, who have been thought by some to enjoy a certain immunity, owing to the relief of tendency to congestion in the pelvic viscera conferred by the regular recurrence of the catamenia. Congestion of the abdominal viscera, and of the portal system, especially in debilitated conditions after disease or injury, are also among the conditions favorable to the development of the disease. We are, in short, not yet in position to say with certainty what is the specific or direct exciting cause of dysentery, whether it be a malarial poison, a microphyte, a gaseous emanation, a miasm, or some influence acting dynamically through the nerve-centers.

Treatment of Diseases of the Heart in Children.—W. H. Day, M.D., M.R.C.P., Lond., in Med. Press and Circular:

The objects to be aimed at are to reduce the inflammation and to favor absorption of the effused fluid. Leeches may be applied to the cardiac region in strong subjects, and there can be no question of their service where the pain is very acute and the pulse is frequent and hard, but venesection is never necessary in children, however robust they may be, because reduction of the strength has to be feared, especially as the complaint frequently follows rheumatism when the constitution, already low, will not bear further depression, and the blood, in many instances, is poor and aqueous. A strong mustard poultice is about the best application; its action is quick, it can be obtained at a moment's notice, and when the child complains of the smarting it may occasion it can be removed at once. In two cases of acute pericarditis accompanying rheumatic fever in children aged respectively eleven and thirteen years, I found these poultices act most beneficially, quickly relieving the precordial distress and uneasiness, and I believe controlling the effusion. The chest should be covered with cotton wool immediately the poultice is removed.

The next remedy of service is counter-irritation. I should not hesitate to employ a blister while the skin is reddened from the rubefacient effects of the mustard, indeed I think this is the time to apply it. The surface should be painted over with strong blistering fluid, and the chest protected afterward with cotton wool. I have never known it do any harm,

but the late Dr. Sibson was opposed to blistering, on the ground that it inflicted local injury, tainted the blood by increasing its fibrin, and prolonged the inflammation. He strongly advocated "the application of chloroform over the seat of suffering, combined with belladonna liniment, sprinkled on cotton wool, and covered with oiled silk." After the action of the blister an ointment composed of equal parts of savin and mercurial ointment should be spread upon lint and applied to the precordial region. Another excellent application, after the blister has risen, is a combination of mercurial ointment and powdered opium (3i ad 3i) recommended many years ago by Dr. Beale.

Hot fomentations are unsatisfactory, because they necessitate exposure of the patient's chest during their employment, and it is doubtful whether they can be borne hot enough to be of any benefit. Then there is the danger of getting a cold or chill, which ought to be guarded against; and so likely is this to happen that if the case goes on satisfactorily it is a great mistake to institute frequent stethoscopic examinations of the chest.

Mercury may be given as an aperient, but not with the view of fulfilling any special indications, and in rheumatic cases it requires great caution. If inflammatory fever runs high, and there is thirst, elevation of temperature, and scanty, turbid urine, then a general antiphlogistic treatment may be carried out, and aperients, diuretics, nitrate, and bicarbonate of potash will be required. Even aconite is sometimes useful if the skin lacks moisture, and quinine may be given advantageously in small doses, if the temperature is disposed to run high and there are indications of exhaustion.

If there is much pain, a continuance of which further reduces the strength of the patient, opium should be employed. It diminishes the cardiac contractions and controls the hurried circulation; but if the heart gets feeble, the respiration hurried, and the countenance at all livid, then stimulants in the form of wine or brandy, ammonia and ether, will be required.

The Local Origin of Cancer.—Jonathan Hutchinson, F.R.C.S., in *Med. Times and Gazette*:

I have tabulated upward of one hundred and ten cases of cancer of the lip occurring in hospitals, and find among them one hundred and six men and four women, while of the four latter two had adopted the habit of smoking, and in one other the diagnosis of the disease was doubtful. In cancer of the penis, occurring as it usually does in the subjects of congenital phimosis, who have been negligent as to cleanliness; in cancer of the tongue or cheek, induced by the long-continued irritation of a broken tooth; in cancer occurring in the old cicatrices of burns which have been irritated; in melanosis supervening upon congenital moles which have been scratched; and in the not infrequent transformation of an old syphilitic ulcer upon the tongue or os uteri into one of a malignant nature. We have instances of cancer induced locally by different forms of local irritation. In the case of a gentleman the greater part of whose tongue I removed for epithelial cancer about three years ago, and who died two years later of return of the disease in the glands of the neck, there was the history of a syphilitic sore of several years' previous duration. The diagnosis as to its original character had been made by two medical men

of great sagacity, and it was borne out by a history of syphilis, and by the fact that on other parts of the organ syphilitic white-margined patches were still present. In a case of carcinoma of the cervix uteri which I saw some years since, Dr. Oldham (with whom I saw it, and who had previously attended the lady) assured me that the sore had originally been an ulcer of syphilitic origin; that he had several times seen malignant disease supervene in cases of similar character. In 1848 I well recollect being much interested in a case under Mr. Paget's care in St. Bartholemew's, in which a man with stricture of the urethra had numerous urinary fistulæ in his scrotum and perineum, and in whom cancer of undoubted type developed itself about the orifice of one of the anterior fistulæ. Let no one reply that most of these instances exemplify only the connection between *epithelioma* and local irritation, and there is an essential difference between that disease and true cancer. Epithelial cancer is as true a cancer as is the scirrhus form, differing mainly in that it occurs in parts which usually are easily accessible to the surgeon. Epithelial cancer is, as a general rule, quite as rapid in its progress to a fatal event as is scirrhus. Few cancers end, as a rule, more quickly than those of the tongue. Those of the female genitals are also often very rapid. Those of the lip and skin generally, if we date, not from the first appearance of a warty induration, but from the time when that wart began to ulcerate and took on a *bona fide* cancerous character, spread, when not interfered with, very rapidly—more rapidly, for example, than scirrhus of the breast.

A strong argument in favor of the local origin of cancer is that when it commences in a part which can be watched, it may be seen that the first effects of irritation are not the production of a cancer, but simply of an irritable sore or warty induration. On the lip and upon the scrotum all gradations may be observed between indurated and inflamed tubercles containing no positive elements of cancer, and the genuine epithelioma. Many so-called "cancers of the lip" are even at the time of their removal doubtfully cancerous, being just in the transition stage between common inflammation and malignancy. Often a wart on the scrotum of a sweep, or a crack on the lip of a smoker, will remain as such for years before it assumes the features of true cancer.

An Easy, Rapid, and Inoffensive Method of Arresting the Irritating Cough of Certain Consumptives.—It consists, according to Dr. Landouzy, in the hypodermic injection of distilled water (a syringe) into the immediate neighborhood of the point of origin of the cough. If the cough be due to irritation in the thorax the injection is to be made into the intercostal regions; if in the larynx, the injection is to be thrown under the skin at the side of the throat. The relief is rapid, although not very lasting. At the same time the severe morning and evening coughs of these unfortunates can thus be materially improved. Dr. Landouzy says that it is best not to use it too frequently, in order not to accustom the patient to it. He also adds cherry-laurel water to the aqua destillata in order to impress the patient, if he should taste it, that he is taking *something*. He also prescribes monoxide of hydrogen instead of aqua destillata for the same reason.—*Translated from Le Progrès Médical* by L. S. Oppenheimer, of Seymour, Indiana.